Flant.



Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military | Time | | | SOP* Fo | ollowed? |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|--------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 3-7-13 1370 | 3-7-13 135 | ./ | 20 | | |
| Shutdown | | | | | | |
| Malfunction | 3-6-13 3068 | 37-13 132P | 22.4. | 20 | Complete Sec | ction 2 Below |
| ☐ Non-malfunction | | | | | | |
| Date Form Filled Out: | 3-7-13. | | | Signature: | 19 6 11 | ler |

| Section 2 - Malfunction Events Only | WATE |
|-------------------------------------|------|
| Section 2 - Manufiction Events Only | |

| | | Check one of the following for each step: | | | |
|------|--|---|--------------------------|--|--|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable | | |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | 4 | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | . 0 | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | 4 | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | | | |
| 6. | Start malfunction diagnosis. | | | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | 2 | | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | 9 | | |
| 9. | Fix the malfunction. | | | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | | | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

Water in K-Out

MW 19

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| ction 1 - All Even | Military Time | | | | SOP* Followed? | | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|-----------------------------------|--------------|--|
| .ype of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** | |
| ☐ Startup | | | | | | | |
| Shutdown | 3-15.13 140p | | | | | | |
| Malfunction | | | | | Complete Sec | tion 2 Below | |
| ☐ Non-malfunction | | | | | $\mathcal{Q}_{\mathcal{A}_{i,k}}$ | | |
| Date Form Filled Out: | 3-15-13 | | | Signature: | ey yeur | | |

Comments: A fire AREA.

Section 2 - Malfunction Events Only

| CCCU | DITZ INDITION DESIGNATION OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI | Check one of the f | following for each step: |
|---------------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 0. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| • | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| _ + | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

MW 79

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| -ti | on 1 – All Event | ts | | | | | | |
|-------------------|--|--|---|--|--------------------------|----------------|----------|--|
| | | Military | Time | | | | | SOP* Followed? |
| ., | pe of Event | Date/Time Start | Date/Time End | Duration (hours) | Event (see ba forr | ack of | Yes | No** |
| S | tartup | | | · . | | _ | | |
| Q 51 | hutdown | 3-15-13. 1000 | | | 6 | 2 | 0 | |
| | alfunction | | | | | _ | Comp | olete Section 2 Below |
| □ No | on-malfunction | | | | | _ | | |
| Date F | Form Filled Out: | 15-13 | o Tuck Re | Ading Before | Signature | HEAD OF | J. | Sem Didnt ??? Too Hish SM Plan Get Rend 4 Pot well on 6"sn |
| Comm | ients. | fittive Aler | when I | Posted it was | soit. | in be | m ? | ??? Too His |
| *Stand **If SC | dard Operating P DP in SSM Plan v | rocedure (SOP) for F was not followed, not | lare Startups (Mar ify site engineer | nual & Automatic) an immediately. | d Shutdov | vns are provic | led in S | SM Plan bet hered 4 fet well un 6'sn |
| Section | n 2 - Malfunctio | on Events Only | | | | | | ollowing for each step: |
| Step | Co | prrective Action Pro | cedures for All M | lalfunctions | Pi | ocedure comp | | Procedure Not Applicable |
| | entering landfill harm people, the If conditions are | e malfunction causing for piping, smoking, ne environment or the e unsafe, notify you | vibration, or other e landfill gas contro r supervisor and i | problem), which may ol equipment. follow steps under N | o. 3. | | | |
| 2. | Determine if lar measure/detect | ndfill gas being releas t uncombusted gas fl | sed to the air (can ow?). | you smell landfill gas | s, or | | | |
| 3. | If landfill gas is being released, follow steps under No. 3. If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | | | air, | | | |
| 4. | consultant or oti | er personnel/resourcher) are needed for nel or resources are n | nalfunction diagno | sis. | | | | |
| 5. | Contact qualified | d resource: ecord contact name, ontact site representa | date and time: | on recorded in No. 5 | _ | | | |
| 6. | | | ILIVE WILL ITHOUTHALF | on recorded in No. 5 | .a. | | | |
| 7. | Start malfunction diagnosis. Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | | | | | | |
| | Contact qualified | resource: | | - Andrew - Control of the Control of | | | | |
| 9. | a. Record contact name, date and time: | | | | | | | |
| 0. | Once the malfun down, and record | ction is fixed, restart d startup times and d | lates on this form. | | t | | | |
| | Record date that | malfunction occurre at system was out of | d, date that malfur | nction was repaired, a Section 1 of this for | m. | | | |
| + | Sign this form, co | opy it, and place it in | the Startup Shutd | own, Malfunction file | | | | |

If the procedures listed above were not followed, contact the site engineer

13.

immediately.





Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military | Time | | | SOP* Fo | ollowed? |
|-----------------------|--------------------|-----------------|------------------|-------------------------------------|-------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 3-18-17 929 | 3/8-13 922 A | _,/ | 17 | | |
| Shutdown | | | | | | |
| Malfunction | 3-17-13 1022 A. | 3-18-13 9200 | 11.0 | 17 | Complete Se | ction 2 Below |
| ☐ Non-malfunction | | | | | | |
| Date Form Filled Out: | | | | Signature: 32 | in D ye | |

| Secut | Section 2 – Malfunction Events Only Check one of the following for each | | | | | |
|-------|--|---------------------|--------------------------|--|--|--|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable | | | |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | ď | | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | ď | | | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | | | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | 3 | | | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | | | | |
| 6. | Start malfunction diagnosis. | I | | | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | - | | | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | | | | |
| 9. | Fix the malfunction. | | П | | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <u> </u> | | | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | | | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | | | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | | | | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

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Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| | Military | Time | | | SOP* Fo | lowed? |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|--------------|--------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| ☐ Startup | 3-29-13 3240 | 3-29-17 324 | | 6 | 4 | |
| Shutdown | 3-19-13 154p | 3-29-13324 | 1.5 | _6_ | 9 | |
| ☐ Malfunction | | | | | Complete Sec | tion 2 Below |
| ☐ Non-malfunction | | | | | , " | |
| Date Form Filled Out: | 3-29-13 | | | Signature: | te is fer | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only Well Maintant

| | | Check one of the f | ollowing for each step: |
|------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

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Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military | Time | | | SOP* Fo | ollowed? |
|---|-----------------|---------------|------------------|-------------------------------------|-------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 4-8-13 508p | 4-8-13 510 | _+/ | | | |
| Shutdown | 4-8-13 334 | 4-8-13 50xp | 1.5 | 1 | | |
| ☐ Malfunction | | | | | Complete Se | ction 2 Below |
| ☐ Non-malfunction | | | | | | i is |
| Date Form Filled Out: 4813 Signature: Str. W Year. | | | | | | |

| | on 2 - Maifunction Events Only MaintantE on Blow | Check one of the t | ollowing for each step: |
|------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | , 🗆 |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

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MW 77



Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| ction 1 - All Event | Military | Time | | | SOP* Followed? | |
|-----------------------|-----------------|---------------|---|-------------------------------------|----------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| ☐ Startup | | | | | | |
| Shutdown | 4-413 1000 | 150 | | - | 0 | |
| ☐ Malfunction | | | | | Complete Sec | ction 2 Below |
| □ Non-malfunction | | | *************************************** | | | |
| Date Form Filled Out: | 4-9-13 | | | Signature: | lay yer | |

Comments: Active AREA.

Section 2 - Malfunction Events Only

| Secuc | on 2 – Mairunction Events Only | Check one of the following for each step: | | | |
|-------------|---|---|--------------------------|--|--|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable | | |
|)• | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | П | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | | | |
| 6. | Start malfunction diagnosis. | | | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | | | |
| 9. | Fix the malfunction. | | | | |
| 0. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | | | |
| <u>}</u> 1. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | <u> </u> | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | | | |

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Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| 04: | 4 | All Evants | |
|-----|---|------------|--|
| | | | |

| | Military | Time | | | SOP* Followed? | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|----------------|--------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | | | | | | |
| Shutdown | 4-15-13 944A | 4-18-13 3408 | 77.9 | | | |
| ☐ Malfunction | | | | | Complete Sec | tion 2 Below |
| ☐ Non-malfunction | 增 | | | | | |
| Date Form Filled Out: | 4-18-13 | | | Signature: | a D yen | |

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
**If SOP in SSM Plan was not followed, notify site engineer immediately. Blower

Section 2 - Malfunction Events Only

Clean FAN & Wen Bearing's on FAN. Blower

Section 2 - Malfunction Events Only

| | | Check one of the following for each step: | | | |
|------|--|---|--------------------------|--|--|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable | | |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | . 🗆 | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | | | |
| 6. | Start malfunction diagnosis. | | | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | | | |
| 9. | Fix the malfunction. | П | П | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | | | |

FlARE.



Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| | Military | Time | | | SOP* Followed? | | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|----------------|---------------------------------------|--|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** | |
| Startup | 5-17-17 2340 | 5-17-13 234 | | | | | |
| Shutdown | | 5-17-13 2360 | 6.4 | | 8 | | |
| ☐ Malfunction | | | Complete Section | | ction 2 Below | | |
| ☐ Non-malfunction | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Date Form Filled Out: | | | in the second | Signature: | The D | yeur. | |

Section 2 - Malfunction Events Only Majurtanus

| | | Check one of the f | following for each step: |
|------|---|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
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| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

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Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| | Military | Military Time | | | SOP* Followed? | |
|-----------------------|-----------------------|---------------------|----------------------|-------------------------------------|---------------------|--------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 5-20-13 | 5-20-13 1060 | /_ | 6 | | |
| Shutdown | 3-20-13 948A | 5-20-13 1049 | 3.3 | Ь | G | |
| ☐ Malfunction | | | | | Complete Sec | tion 2 Below |
| ☐ Non-malfunction | | | | | | |
| Date Form Filled Out: | 5-20-13 | | | Signature: | to is y | lean |
| *Standard Operating F | Procedure (SOP) for F | Flore Startung (Mar | aual & Automatia) as | ad Chutdouma ara n | rouided in CCM Dlan | |

10.1

| | | Check one of the f | Check one of the following for each step: | | | |
|------|---|---------------------|---|--|--|--|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable | | | |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | | | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | | | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | | | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | | | | |
| 6. | Start malfunction diagnosis. | | П | | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | | | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | | | | |
| 9. | Fix the malfunction. | | | | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | | | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | | | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | | | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | | | | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
**If SOP in SSM Plan was not followed, notify site engineer immediately.





Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military | Military Time | | | SOP* Followed? | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|--------------------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 3-20-13 \$4UP | 5-20-13 442 | | _6_ | - | |
| Shutdown | 5-20-13 3189 | 5-20-13 44p | 1.4 | 6 | 9 | |
| ☐ Malfunction | | | - | | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | | | in the second |
| Date Form Filled Out: | | | | Signature: | | in |

| | | Check one of the f | ollowing for each step: |
|------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | . 🗆 |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

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Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military | Time | | | SOP* Followed? | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|----------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| ☑ Startup | 6-21-13 354P | 5-21-13 358/ | ,1 | _/_ | | |
| Shutdown | 5-21-13 816A | 5-21-13 356p | 7.7 | | | |
| ☐ Maifunction | | | | | Complete Sec | ction 2 Below |
| ☐ Non-malfunction | | | | | int | i i |
| Date Form Filled Out: | 5-21-17 | | | Signature: | | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

| | | Check one of the fa | ollowing for each step: |
|------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1, | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | . 🗆 |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

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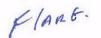
Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military | Time | | | SOP* Fo | llowed? |
|-----------------------|-----------------|-----------------|------------------|-------------------------------------|--------------------------|---|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 5-26-13 732p | 1.4 | _,/ | 6 | | |
| Shutdown | 5-26-13 614A | 5-26-13 732A | 1.2 | 6 | | |
| Malfunction | | | | | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | - L | i i | 1000 20 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| Date Form Filled Out: | 5-26-13 | | | Signature: | ten is y | 4 |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

| | on 2 - Malfunction Events Only Majuran iE on wellfiel | Check one of the f | ollowing for each step: |
|------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | П |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |





Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| | Military | Time | | | SOP* F | ollowed? |
|-----------------------|-----------------|----------------|------------------|-------------------------------------|--------------------------|---|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 5 28-17 1010A | 5-28-13 | | 20 | | |
| Shutdown | | | | | | |
| Malfunction | 5-27-13 402A. | 5-28-13 10.10A | 30.1 | 20 | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | | | 15 Table 11 |
| Date Form Filled Out: | 5-28-17 | | | Signature: | to Dy | leur. |

Section 2 - Malfunction Events Only Cond. Pimo Failed.

| | on 2 - Malfunction Events Only Cond. Fump PAiled. | Check one of the f | Check one of the following for each step: | | |
|------|--|---------------------|---|--|--|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable | | |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | G G | . 🗆 | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | 3 | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | | | |
| 6. | Start malfunction diagnosis. | H | П | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | | | |
| 9. | Fix the malfunction. | | | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | | | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | | | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | | | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | | | |

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Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| | Military | Time | | | SOP* Followed? | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|--------------------------|------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| 3 Startup | 5-29-13 11:14 | 5-29-13 11:10 | | 20 | | |
| Shutdown | | | - | | | |
| Malfunction | 5-29-17 352A. | 5-29-13 11:14 | 7.4 | 20 | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | | | |
| Date Form Filled Out: | 6-29-13 | | | Signature: | distance in the second | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only Can Line

| | on 2 - Malfunction Events Only Cond. Pump down | Check one of the f | ollowing for each step: |
|------|---|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | . 🗆 |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | er . |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | G | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | |
| 6. | Start malfunction diagnosis. | | П |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | B |
| 9. | Fix the malfunction. | | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | G- | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | ₽ I | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | J- | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |





Site Name: Cottonwood Hills Recycling and Disposal Facility

| | Military Time | | | | SOP* Followed? | |
|-----------------------|-----------------|---------------|------------------|-------------------------------------|--------------------------|------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 5-31-13 1244 | 5-31-13 1244 | | 20 | | |
| Shutdown | | | | | | |
| Malfunction | 5-30-13 714 p | 5-31-13 124A | 6.1 | 20 | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | | 1 d | |
| Date Form Filled Out: | 5-21-13 | | | Signature: | a Dye | |

^{*}Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan **If SOP in SSM Plan was not followed, notify site engineer immediately.

| Section | on 2 - Malfunction Events Only Cond Pung douse. | | |
|---------|--|---------------------|--------------------------|
| | | Check one of the f | following for each step: |
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | <u> </u> | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | | F |
| 6. | Start malfunction diagnosis. | 8 | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | Q |
| 8. | Contact qualified resource: a. Record contact name, date and time: | 旦 | |
| 9. | Fix the malfunction. | No. | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | 2 | |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | ₩. | |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | M | |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | | |

Site Name: Cottonwood

| <u>/ : </u> | Military | Time | | | SOP* Fo | lowed? |
|--|-----------------------------|---------------|------------------|-------------------------------------|----------------|-------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | | 612-13 0112 | 0.1 | | 280 | |
| Shutdown | 611.13 0110 | 6.12.13 0110 | 24 | 1 | A | П |
| Malfunction | | | | | Complete Sect | ion 2 Below |
| Non-malfunction | | | | | 3 078 3 442 | BOIOW |
| ate Form Filled Out: | ate Form Filled Out: 617.13 | | | Signature: | 2 M | 15/ |
| Comments: Chart RECORDER SENT in for Repair. New chart Recorder Installed 6.12.13. | | | | | | |
| | | | | , | | |

| | | Check one of the | following for each step: |
|------|--|---------------------|--------------------------|
| Step | , and the state of | Procedure completed | Procedure Not Applicable |
|) | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | × | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | Ø | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | , | |
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| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | . 🗆 | Ø |
| 6. | Start malfunction diagnosis. | 4 | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | D | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | ZI ZI |
| 9. | Fix the malfunction. | | П |
| Q. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | Ð | |
| | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | D | |
| 3 | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. If the procedures listed above were not followed, contact the site engineer | P | |
| ٠. | immediately. | | Z |

Site Name: Cottonwood

| <u>/ : </u> | Military Time | | | | SOP* Followed? | |
|-----------------------------------|-----------------|---------------|------------------|-------------------------------------|--------------------------|------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| | 6.19.13 | 6-1713 | 0.1 | 79 | K | |
| Shutdown | 6-17-13 0122 | 6.17.13 OS34 | 4.1 | 79 | a l | |
| ☐ Malfunction | | | | | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | | | |
| Date Form Filled Out: 7 · 10 · 13 | | Control of | Signature: | | 18/ | |
| Comments: Condes | inte Sump wi | oter in due | to Sump Pun | nd furblind p | ortoker. | |

| | | Check one of the t | following for each step: |
|------|--|---------------------|--------------------------|
| Step | , manufacture , | Procedure completed | Procedure Not Applicable |
|) | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | × | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | X | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | X |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | A | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | A | |
| 6. | Start malfunction diagnosis. | 157 | П |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | A | 🗆 |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | Ø |
| 9. | Fix the malfunction. | B | |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | B | |
| 1900 | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | × | |
| | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | 及 | |
| 3. | If the procedures listed above were not followed, contact the site engineer immediately. | A | × |

Site Name: Cotton const

| <u>/</u> | Militan | Time | | | SOP* F | ollowed? |
|-------------------------------|-----------------|--|------------------|-------------------------------------|--------------|---------------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | C 30.13 1230 | G-50-13 1235 | _, _ | 6 | B | |
| Shutdown | 6.30.13 1418 | 6.50.13 | 1.2 | <u>6</u> | A | |
| Malfunction | | | | | Complete Sec | ction 2 Below |
| ☐ Non-malfunction | | | | | | |
| Date Form Filled Out: 7.10.13 | | i de la companya de l | Signature: | 2:00 | -8/- | |
| Comments: Hende | ix between 1 | KOPE Blower | housing cho | nged out. | | |

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

| | | Check one of the following for each step: | | | |
|------------|--|---|--------------------------|--|--|
| Step | | Procedure completed | Procedure Not Applicable | | |
|) | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | . ~ | | | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | Æ | - | | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | | | |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | | Ø | | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | . 🗆 | Z | | |
| 6. | Start malfunction diagnosis. | | | | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | | Ø | | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | Ø | | |
| 9. | Fix the malfunction. | | P | | |
| <u>Q</u> . | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | | 0 ' | | |
| 1. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | | D | | |
| | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | - E | | |
| 3. | If the procedures listed above were not followed, contact the site engineer immediately. | | Z | | |

| | P : 1 | |
|------------|------------|--|
| Site Name_ | Cattonwood | |

| <u>/ : </u> | Military | / Time | | | SOP* Followed? | |
|---|-----------------|---------------|------------------|-------------------------------------|--------------------------|------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 6-53-13 | C-53-13 | 0.1 | 16 | ₩ · | |
| Shutdown | 6-23-13 2230 | C-53-13 0834 | 10-1 | 16 | B | П |
| ☐ Malfunction | | | | | Complete Section 2 Below | |
| ☐ Non-malfunction | | | | | * | |
| Date Form Filled Out: 7.18.13 | | | Signature: | riby | 5 | |
| Comments: Powe | r Outage. | America Pa | informing w | ork. | | |
| | 0 | |) | | | |

| | | Check one of the i | following for each step: |
|------|--|---------------------|--------------------------|
| Step | Corrective Action Procedures for All Malfunctions | Procedure completed | Procedure Not Applicable |
|) | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | Zi | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | Ø | - |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | Ø |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | Ø | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | , 🗆 | Ø. |
| 6. | Start malfunction diagnosis. | 8 | П |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | Z · | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | Ø |
| 9. | Fix the malfunction. | | П |
| Q. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | D | |
| | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | Ø | |
| | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | B | |
| 3. | If the procedures listed above were not followed, contact the site engineer immediately. | | Ø |

Site Name: Cottonwood

| <u>/ : </u> | Militan | ts Military Time | | | SOP* Followed? | |
|---|-------------------------------|------------------|------------------|-------------------------------------|--------------------------|---------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 6.23.13 | 6 23.13 | [_ | 99 | X | |
| Shutdown | 6-53-13 | 6.23:13 1112 | 1.4 | 99 | A | П |
| ☐ Malfunction | | | | | Complete Section 2 Below | |
| Non-malfunction | | | | | | |
| • | Date Form Filled Out: 7.18.17 | | | Signature: | 201 | Ef. |
| Comments: Some | bunk tribben | · Cornected | heater setti | you fung. 1 | Not tripping h | ortoken |
| daymore. | | | | | | |

| | | Check one of the | following for each step: |
|------|--|---------------------|--------------------------|
| Step | , indianation of | Procedure completed | Procedure Not Applicable |
|) | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | Ø | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | Ø | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | Ø |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | Ø | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | . 🗆 | Ø. |
| 6. | Start malfunction diagnosis. | A | |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | 7 | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | Ø |
| 9. | Fix the malfunction. | | П |
| Q. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | Ø | |
| | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | 40 | |
| | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | D | |
| 3. | If the procedures listed above were not followed, contact the site engineer immediately. | Q | M |

Site Name: Cottonwood

| Military Time | | | | SOP* Followed? | |
|-------------------------------|---|-----------------------------|--|---|---|
| Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| 6-24-13 0240 | 6.5413 0.572. | 1 | 16 | Ø. | |
| P.54-13 0134 | 6.24.13 | 101 | 16 | · D | |
| Malfunction | | | | Complete Section 2 Below | |
| | | | | | |
| Date Form Filled Out: 7.18.13 | | | Signature: | 3' \ | 1.5/ |
| ox Outage. | Auto Restm | t | | | |
| 0 | | | | | |
| | Date/Time Start 6-24-13_0240 6-24-13_0134 | 6.54.13 05.40 6.54.13 05.40 | Date/Time Start Date/Time End Duration (hours) 6-24-13_0240 6-24-13_0245 | Date/Time Start Date/Time End Duration (hours) Event Code (see back of form) | Date/Time Start Date/Time End Duration (hours) Event Code (see back of form) Yes 6-24-13_0134 6-24-13_0245 1 16 Yes L-24-13_0134 6-24-13_0245 1-1 16 Complete Sec T-18-13 Signature: Signature: 1 |

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

| - | | Check one of the f | following for each step: |
|------|---|---------------------|--------------------------|
| Step | , in the state of | Procedure completed | Procedure Not Applicable |
| | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | . 💆 | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | Ø | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | Ø |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | 4 | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | . 🗆 | B |
| 6. | Start malfunction diagnosis. | P | П |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | A | |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | 4 |
| 9. | Fix the malfunction. | A | |
| Q. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | Z | |
| | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | Æ | |
| | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | | |
| 3. | If the procedures listed above were not followed, contact the site engineer immediately. | | 4 |

Site Name: Cottonwood

| <u>/ i </u> | Military | Time | | | SOP* Followed? | |
|---|-----------------|---------------|------------------|-------------------------------------|-------------------------|--------|
| Type of Event | Date/Time Start | Date/Time End | Duration (hours) | Event Code (see back of form) | Yes | No** |
| Startup | 6.27.13 | 6.57.15 | <u>- L</u> | 99 | R | |
| Shutdown | 624.13 1010 | 627.13 | 72,3 | 99 | × | П |
| Malfunction | | | | | Complete Section 2 Belo | |
| Non-malfunction | | | | | | |
| Date Form Filled Out: 13-13-13 | | | Signature: | 2 | E/ | |
| omments: Conta | nctor failed | te REStout | Chart Record | KER PHER IN | striling as low | -trons |
| omments: Conta | pompy Yoko | gaur. | | | JAIR | 01.700 |
| ENSURE & IROSIE | 3 / | J | | * | | |

| | | Check one of the following for each step: | |
|------|--|---|--------------------------|
| Step | , and the state of | Procedure completed | Procedure Not Applicable |
|) | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3. | A | |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3. | Z | |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | | K |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6. | Ø | |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5,a. | . 🗆 | Æ |
| 6. | Start malfunction diagnosis. | P | П |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9. | 7 | , |
| 8. | Contact qualified resource: a. Record contact name, date and time: | | Ø |
| 9. | Fix the malfunction. | | |
| Q. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | Ø | |
| | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | Ø | |
| 3 | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. If the procedures listed above were not followed, contact the site engineer immediately. | | |